

Docket No. SYB/0092.01

PTO-952/21 (05-03)

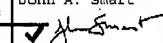
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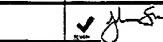
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM		Application Number	10/605,154
		Filing Date	September 11, 2003 RECEIVED
		First Named Inventor	Wiss CENTRAL FAX CENTER
		Art Unit	2176 JAN 20 2004
		Examiner Name	Unassigned Examiner
Total Number of Pages in This Submission	253	Attorney Docket Number	SYB/0092.01

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	John A. Smart		
Signature	 <small>John A. Smart Date signed Date: Jan 17 2004/01/17</small>		
Date	January 17, 2004		

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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet 1 of 1

Complete If Known	
Application Number	10/605,154
Filing Date	September 11, 2003
First Named Inventor	Wisa
Group Art Unit	2176
Examiner Name	Unassigned Examiner
Attorney Docket Number	SYB/0092.01

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

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